FEC FORM 1

STATEMENT OF ORGANIZATION

F	ORM 1		ORGANIZATION						
		(See instructions)				Office use only			
	NAME OF COMMITTEE (ir	n full)		(Check if name is changed)		mple: If typying, type the lines	12FE4M	5	
Ш	AT&T MOBIL	ITY LLC	EMPLOYE	E POLITICAL A	ACTION	COMMITTEE			
L		ш			ш				
A <u>D</u> D	RESS (number and	d street)	208 S	. AKARD STRE	ET 				
_	(Check if addres	ss	SUITE	3521	1 1 1		1111		
X	is changed)		DALL	AS		шшш	L TX	75202	
					CITY		STATE	ZIP CODE 📥	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)									
П	(Check if addressis changed)	ss	alcox	@comerica.co	m 				
	io changes,				111				
COM	IMITTEE'S WEE (Check if addre: is changed)		DDRESS (UF	RL)	1 1 1				
2.	2. DATE M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
3.	3. FEC IDENTIFICATION NUMBER C C00368811								
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)									
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete									
Туре	or Print Name o	f Treasure	er Jo	ONATHAN P. K	LUG				
Signature of Treasurer Electronically Filed by JONATHAN P. KLUG Date Date Date Date Date Date Date Date									
NOTI	E: Submission of f	alse, erron				he person signing this State			
	Office Use Only					For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	